



CITY LICENSE
(316) 268-4553

**TAXICAB DRIVER
AIRPORT LIMOUSINE DRIVER
LICENSE APPLICATION**

Renewals due Dec. 20 and expire Dec. 31

_____ TAXICAB DRIVER
_____ AIRPORT LIMO DRIVER

_____ New \$7.50 plus \$10.00 for pictures
_____ Renewal \$5.00
_____ Replacement \$10.00

NAME First, Middle, Last			
ADDRESS		PHONE NUMBER	
CITY, STATE		ZIP CODE	
DATE OF BIRTH		KS DRIVER'S LIC #	

NEW LICENSE:

- Do you have a valid State of Kansas Drivers License? YES _____ NO _____
- Has your State Drivers License ever been suspended or revoked? YES _____ NO _____
- Have you been a resident of Sedgwick County for at least 6 months? YES _____ NO _____
- Are you physically able to drive a taxicab? YES _____ NO _____
- Within the past 3 years, from the date of this application, have you been convicted of:
 - A felony YES _____ NO _____
 - Any offense involving moral charges (City Code 3.72.020) YES _____ NO _____
 - Hit and run driving YES _____ NO _____
 - Any offense involving narcotics, barbiturates or intoxicating liquor YES _____ NO _____
- Have you previously held a Taxicab Driver or Airport Limo Driver license? YES _____ NO _____
 - If so where and when: _____
 - Was license suspended or revoked? If needed Date _____ YES _____ NO _____
- Have you ever been convicted of a felony or misdemeanor? YES _____ NO _____
 - Please list when, where and why on the back of this form.
- On a separate piece of paper, list three reputable persons living in Wichita as references.

RENEWAL LICENSE:

- Has your State driver's license been revoked in the past year? YES _____ NO _____
- Have you had any traffic violations in the past year? YES _____ NO _____
- Have you been convicted of a felony or misdemeanor in the past year? YES _____ NO _____
- Does the City ID card need to be replaced? YES _____ NO _____

Taxicab Company _____
Signature of cab company _____

Any falsification on the above information may cause this application to be disapproved. I also understand that this application fee is not refundable.

Date _____ Signature _____

CONTINUED ON BACK

FOR OFFICIAL USE ONLY

	APPROVED	DISAPPROVED	DATE
Police Records 268-4186			
License #	Expires 12-31	Date Routed	

Be sure and copy the Vehicle Record Consent form on the back of the application

STATE OF KANSAS

Bill Graves, Governor

Sheila Walker, Director

Division of Vehicles
Kansas Department of Revenue
915 SW Harrison St.
Topeka, KS 66626-0001



DEPARTMENT OF REVENUE

Karla Pierce, Secretary

(785) 296-3601

FAX (785) 291-3755

Hearing Impaired TTY (785) 296-3909

Internet Address: www.ink.org/public/kdor

Division of Vehicles

CONSENT TO OBTAIN MOTOR VEHICLE RECORDS

I hereby certify that my name is _____
(First name) (Middle Initial) (Last Name)

I further certify that my date of birth is ____/____/____ my driver's license number is _____ - _____ - _____

my tag number is _____ my vehicle identification number is _____

my current address is _____
(Street) (Apartment/Unit) (City) (State) (Zip)

and my telephone number is () _____ - _____ .

I hereby authorize _____
(First name) (Middle Initial) (Last Name)

to obtain my vehicle registration and/or driver's license record information including my personal information on those records.

(Signature) (Date)

TR/DL 301(06/00)